



Iowa Department of Human Services
Child Development Home Complaint

Name of Provider Tammy Williams	County Palo Alto	
Care Address 402 N. Van Gordon	City Graettinger	Zip Code 51342
Mailing Address 402 N. Van Gordon	City Graettinger	Zip Code 51342
Phone 507-276-6679	Email	

Date of Complaint: January 6, 2015

Date of Visit: January 7, 2015

- ☒ Scheduled ☐ Unannounced ☐ N/A
☐ Non-Compliance with Regulations Found ☐ Compliance with Regulations Found
☐ N/A

RECOMMENDATION FOR REGISTRATION:

- ☒ NO CHANGES to registration status recommended
☐ REVOCATION of Registration

CATEGORY OF CARE:

- ☐ Category A
☒ Category B
☐ Category C (with no co-provider)
☐ Category C (with co-provider)

Summary of Complaint:

It was reported that an adult male had been staying at Tammy's home and record checks were not completed

Rule Basis and Findings of Complaints:

441—110.2(237A) Application for registration. A provider shall apply for registration on Form 470-3384, Application for Child Development Home Registration, provided by the department's local office or, if available, on the department's Web site. The provider shall also use Form 470-3384 to inform the department of any changes in circumstances that would affect the registration.

110.7(3) Record checks.

a. Applicability. The department shall conduct Iowa criminal history record and child abuse record checks for each registrant, substitute or staff member, anyone living in the home who is 14 years of age or older, and anyone having access to a child when the child is alone. The department shall conduct

national criminal history record checks, based on fingerprints, for each registrant, substitute or staff member, anyone living in the home who is 18 years of age or older, and anyone 18 years of age or older having access to a child when the child is alone. In accordance with Iowa Code section 726.23, minors

under the age of 18 will not be subject to the fingerprint requirement.

(1) The purpose of these record checks is to determine whether the person has committed a transgression that prohibits or limits the person's involvement with child care.

(2) The department may also conduct criminal history record and child abuse record checks in other states and may conduct dependent adult abuse, sex offender registry, and other public or civil offense record checks in Iowa or other states.

(3) Effective July 1, 2013, registration or renewal certificates shall not be issued until the results of all state and national record checks have been received and, when necessary, evaluated.

b. Authorization. The person subject to record checks shall complete the Iowa department of human services record check authorization form; Form DCI-45, Waiver Agreement; Form FD-258, Federal Fingerprint Card; and any other forms required by the department of public safety to authorize the release of records.

c. Iowa records checks. Checks and evaluations of Iowa child abuse and criminal history records shall be completed before the person's involvement with child care. Iowa records checks shall be repeated at a minimum of every two years and when the department or the registrant becomes aware of any possible transgressions. The department is responsible for the cost of conducting the Iowa records checks.

d. National criminal history record checks. Fingerprint-based checks of national criminal history records shall also be completed before a person's involvement with child care. This requirement shall be effective on or after July 1, 2013, for an initial application for registration or a renewal application for registration. The national criminal history record check shall be repeated for each person subject to the check every four years and when the department or registrant becomes aware of any new transgressions committed by that person in another state. The department is responsible for the cost of conducting the national criminal history record check

Findings: Tammy confirmed that an adult male had stayed overnight in her home on more than one occasion and she had not provided the registration unit with this information or requested that record checks be completed.

Resolution and Action Required:

Tammy signed a safety plan on 01-07-15 and agreed the person will not be in the home.

Consultant's Signature Jan Johnson, SW II	Date January 14, 2015
Supervisor's Signature Anne Matthai	Date January 14, 2015